

# ATLS® Provider Course, MGUMST, Jaipur

## REGISTRATION FORM

Please fill this form and mail it with your non-refundable payment of fee to:

Dr .Prof.M C Misra  
President cum Vice Chancellor  
Room no :52, Admin block  
Mahatma Gandhi Hospital-Main Building  
RIICO Institutional Area  
Jaipur,302022, Rajasthan  
Email ID: [mcmisra@gmail.com](mailto:mcmisra@gmail.com)  
Phone no: 9811896246, 9309404445

Please give your option for ATLS Provider Course

Option A

Option B

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:

Title:

Age:

Designation:

Specialty:

Year of Graduation:

Post Graduate Qualification:

Year of Post Graduation:

Hospital:

Full Address For  
Communication:

Zip/Postal Code:

Country:

Work Phone:

Fax:

Mobile:

E-Mail:

ATLS Provider course attended date along with the certificate registration number:

Please deposit fees through **Bank draft in favour of "ATLS MGUMST"** payable at Jaipur **or**  
**Through Wire Transfer in account NAME - "ATLS MGUMST",ACC NO. 8391 101 0000 980,**  
Bank - Syndicate Bank,Branch - MG University, Sitapura, Jaipur,IFSC CODE SYNB0008391

No form will be accepted without full payment.

Provide details of Bank Draft No:.....Dated:..... Amount: .....  
Drawn on:.....

Signature:

COURSE FEE DETAILS:

ATLS Provider Course	Doctors in India & SAARC Countries.	Other Foreign Nationals
		INR 23,600/-

- Submit proof along with the registration form.